

Fox Creek Pet Ranch

Pet Information Sheet POCKET PETS

PLEASE PRINT

OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work phone: _____

Best # to reach you: Cell Home Work Email: _____

Can we contact you via email? Y N Text? Y N

Emergency contact: Name: _____ Phone: _____

VETERINARIAN INFORMATION

Veterinarian's Name: _____ Clinic: _____

Phone: _____ Address: _____

PET INFORMATION

Name: _____ DOB/approx year born _____

Breed: _____ Color: _____ M N F S

Please tell us anything that will help us get to know your pet better.

Please bring all items your pet will need for their stay which may include:
Cage, bedding, water bottle, food, treats & hay

FOX CREEK PET RANCH

Emergency Medical Care Form

Last Name: _____

Pet Name(s): _____

The safety of your pet is of utmost importance to us. In the event a medical emergency should arise while your pet is in our care we want to be able to provide your pet with the urgent care it needs. We will make every attempt to contact you and keep in contact with you. In the event we are unable to reach you, please provide us the following information so that we can ensure that your pet gets the very best care it needs.

In the event you cannot be reached:

_____ stabilize my pet until I can be reached.

_____ perform what is medically needed for my pet

Please read and initial:

_____ I authorize Fox Creek Pet Ranch to seek medical care and make medical decisions for my pet on my behalf.

_____ I authorize medical care up to \$_____ for my pet.

_____ I understand that I am financially responsible for any medical treatment my pet receives as a result of a medical emergency while at Fox Creek Pet Ranch.

_____ There will be a \$55/hr transportation charge for trips to the veterinarian with a minimum of one hour. This includes non emergency visits

Print Name: _____ Date: _____

Signature: _____

* This form will remain in effect until you authorize a change in writing.